

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SCS</i>		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>TS</i>	<i>19/1980</i>	<i>2/7/80</i>
RESPONSE FORMALITY REVIEW			<i>3-30-00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1	✓	✓	<i>5/7/80</i>	51				101			
2	✓	✓		52				102			
3	✓	✓		53				103			
4	✓	✓		54				104			
5	✓	✓		55				105			
6	✓	✓		56				106			
7	✓	✓		57				107			
8	✓	✓		58				108			
9	✓	✓		59				109			
10	✓	✓		60				110			
11	✓	✓		61				111			
12	✓	✓		62				112			
13	✓	✓		63				113			
14	✓	✓		64				114			
15	✓	✓		65				115			
16	✓	✓		66				116			
17	✓	✓		67				117			
18	✓	✓		68				118			
19	✓	✓		69				119			
20	✓	✓		70				120			
21	✓	✓		71				121			
22	✓	✓		72				122			
23	✓	✓		73				123			
24	✓	✓		74				124			
25	✓	✓		75				125			
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48				98				148			
49				99				149			
50				100				150			

If more than 150 claims or 10 actions
staple additional sheet here

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